

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00564765 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee I360		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2016	
Mailing Address PO BOX 37046		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">451877.00</div>	
City BALTIMORE	State MD	Zip Code 21297	Transaction ID : SE24.833
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2016
Name of Federal Candidate KATHLEEN MCGINTY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5108166.33</div>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee I360		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2016	
Mailing Address PO BOX 37046		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">56127.00</div>	
City BALTIMORE	State MD	Zip Code 21297	Transaction ID : SE24.834
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2016
Name of Federal Candidate KATHLEEN MCGINTY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5108166.33</div>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">508004.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">508004.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas F. Maxwell III

[Electronically Filed]

Date

 MM / DD / YYYY
08 / 25 / 2016

Signature